

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 10/088578	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	1	1	1	1	1	TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	8	8	8	8	8	8	TOTAL DEP.	8	8	8	8	8	8
TOTAL CLAIMS	9	9	9	9	9	9	TOTAL CLAIMS	9	9	9	9	9	9